

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

93297-57

44828
STATE FILE NUMBER

Registration District No.

155

Primary Registration District No.

3127

Registrar's No.

215

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City, Mo.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Webb City, Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Hosp.		Length of stay in lb 1 hour		d. STREET ADDRESS (If outside, give location) Jane Chinn Hosp.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Infant Middle Last Sheehan				4. DATE OF DEATH Month Dec. Day 7, Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 7, 1957	
9. AGE (In years last birthday) 1		IF UNDER 1 YEAR Months 1 Days 5		IF UNDER 24 HRS. Hours 1 Min. 5		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Webb City, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Harold Sheehan				13b. MOTHER'S MAIDEN NAME Wilma Josephine Little		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) no				16. SOCIAL SECURITY NO. 776X		17. INFORMANT Harold Sheehan Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Miscarriage DUE TO (c) Cause unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 4:00 Month 7 Day 57 Year 1957							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory; street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Webb City, Mo		COUNTY Mo STATE Mo	
21. I attended the deceased from 12-7-57 to 12-7-57 and last saw her alive on 12-7-57 Death occurred at 4:00 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. F. Gregory (Degree or title)				22b. ADDRESS Webb City, Mo		22c. DATE SIGNED 12/17/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 7/57		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) (State) Webb City, Mo	
24. FUNERAL DIRECTOR Johnston-Arce-Simpson Mortuary Webb City, Mo				25. DATE RECD. BY LOCAL REG. 12-18-57		26. REGISTRAR'S SIGNATURE Mr. Madeline Switzer	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey E. Davis

Licensed Embalmer No. 4463

P. O. Address Wentworth, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.